Quebec and Ontario both tackling problem of providing minority-language health care

Michel Martin

In 1986, Ontario and Quebec both adopted legislation that affects the delivery of minority-language health services: Ontario passed Bill 8, the French Language Services Act, while Quebec passed Bill 142. Ontario's legislation went into effect in November 1989, while Quebec's implementation plans for Bill 142 were completed in the spring of the same year.

Although the two provinces have relied on regional-health-planning processes to determine needs and establish health services in the minority language, the two pieces of legislation vary greatly in logic, scope and starting points in terms of existing services.

Ontario's system for delivering health care in French is part of an overall project to make public services available in French to francophone Ontarians, who numbered about 535 000 in the 1986 census; the province has 10 million residents. The preamble to Bill 8 states that "the French language is a historic and honoured language in Ontario and recognized by the Constitution as an official language in Canada," and that "the Legislative Assembly recognizes the contribution of the cultural heritage of the French-speaking population and wishes to preserve it for future generations."

The fundamental goals of Bill 8 are "to offer justice to French-speaking Ontarians and to show Ontario's leadership on the question of English–French relations in Canada," explains one government document.

Across the border, Bill 142 amended Quebec's Health and Social Services Act to give anglophones the right to receive health and social services in English, subject to the organization and resources of agencies that deliver the services as defined in regional plans for English-language services. The plans were developed for each region by Quebec's network of regional health planning bodies, the conseils regionaux de santé et services sociaux. They identify the agencies that will deliver all or some of their services in English within a given territory.

In fact, there have been large, regional variations in the quality of these plans. This reflects, in part, the regional differences in Quebec and the different history and position of anglophones in each region. For example, anglophones benefit from many more health services in Montreal than in the Saguenay Valley, where they represent less than 2% of the population. Furthermore, while an agreement with the federal secretary of state provides cost-shared funds to cover the costs of translation and the preparation of written materials by local and regional agencies, the province offered no new money for service programs or for hiring English-speaking personnel.

However, Bill 142 did permit the designation of certain agencies that are legally required to provide services in English. This measure was designed to protect services offered by English-language medical institutions historically started by anglophones — a form of grandfather clause.

While the Quebec law applies throughout the province, the Ontario one pertains to only 22 designated areas in which francophones either account for 10% of the population or number at least 5000. The Ontario act applies to the concentrations of francophones in northeastern and eastern Ontario. The legislation also covers francophones in areas that are not normally considered French-speaking. For example, there are approximately 12 000 francophones in Hamilton, and 70 000 to 100 000 in metropolitan Toronto. Bill 8 applies in the areas covered by the regional municipalities of metropolitan Toronto, Ottawa-Carleton and Sudbury, and the municipalities of Hamilton, Port Colborne, Welland, Mississauga, Windsor, and Pembroke. It also affects parts of the counties of Dundas, Essex,

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Kent, Renfrew and Simcoe, and part of the district of Kenora. The 1991 census might add more areas for designation if they are now shown to meet the 10% or 5000-resident criteria.

Three types of health services are covered by Bill 8. First, services of the Ontario Ministry of Health are to be available in French in the designated areas. Second, several Toronto institutions — the Princess Margaret Hospital, the Addiction Research Foundation, the Clarke Institute of Psychiatry and the Ontario Cancer Treatment and Research Foundation — are required to provide services in French because they have province-wide mandates.

The third and most demanding task has been determining which of the 1000 transfer-payment agencies, hospitals and mental health organizations are required to make all or some of their services available in French.

The job of planning for health care for francophones in designated areas was given to district health councils or local boards of health. Through this process, 366 agencies have been identified. Boards of health in designated areas, which fall under local government control in Ontario, also have to provide services in French.

"The government does not want to designate too many agencies because resources are required for agencies that genuinely serve francophones," explained Denis Fortin, the Ontario Ministry of Health official responsible for French-language services. "Services are rationalized according to the needs of the population. For example, while the Cochrane district, which is 52% francophone, has all its health agencies identified for French-language services, we don't need five hospitals in Hamilton providing French-language services."

To qualify for designation, agencies must meet certain criteria: adequacy of access, francophone representation among boards of directors, committees and management, and clear commitment to the delivery of services in French.

Quebec's legislation has suffered from an uneven quality of planning, says Sara Saber, director of health and social services at Alliance Quebec, the 15 000-member organization that represents Quebec's 675 000 anglophones. Alliance Quebec is most concerned about the situation in Montreal, where the health and social services clinic network — the clinics are known locally as CLSCs — does not have to provide English-language services in Montreal's predominantly francophone east end. This means that 60 000 anglophones living in eastern Montreal do not have access to the CLSCs' services.

Saber admits, however, that Bill 142 did much to protect the existing network of English-language institutions. She also recognizes that anglophones throughout Quebec, theoretically at least, can receive services in English, contrary to the situation facing many Ontario francophones.

The rigid territorial boundaries of health agencies present a problem for Alliance Quebec, particularly in the outlying regions of Quebec where anglophones are greatly outnumbered. "In these regions, brain surgery is not available," said Saber. "You are sent to Montreal. English-language services should be treated the same way. If they are not available where you live, you should be treated in a neighbouring region."

Russell Williams, who represents a west-end Montreal riding in the Quebec national assembly, is parliamentary assistant to the provincial health minister, Marc-Yvan Côté, and is responsible for English-language services. He argues that Côté's controversial health care reform package (Bill 120) that passed in 1991 will improve English-language services.

It included new requirements that anglophones be represented on boards of directors of service agencies and regional health planning bodies, by the establishment of regional committees to monitor English-language access plans, and by a requirement that the agencies allocating resources take into account their plans for serving anglophones, a guideline that did not yet exist. Williams described Quebec as "unquestionably, the leader in Canada in minority-language protection for health and social services."

Jean Tanguay, president of the major francophone organization in Ontario, l'Association canadienne française de l'Ontario, agrees with him. "We'd be in heaven if francophones received the same services in Ontario that anglophones have received historically in Quebec. There has been a lot of progress in Ontario, particularly at the level of overall intentions, but our starting point is far behind what it would have been had Ontario had good social policies vis-a-vis French-Canadians. We're a long way from saying 'mission accomplished' in terms of French-language health care in Ontario."

The parties responsible for minority-language health services in both provinces now seem to view the issue as not simply a question of language rights, but rather one of providing good health care and social policy that responds to the real needs and cultures of patients.

There is a bit of folklore circulating among Ontario francophones that illustrates this point. A francophone visits an English-speaking doctor and complains: "J'ai mal au coeur."

Not knowing that this is a colloquial expression that means the patient has an upset stomach, the doctor treats the patient for a heart problem.■